

**UNITED STATES OF AMERICA
DISTRICT OF MASSACHUSETTS**

KENNETH EUGENE BARRON,
Plaintiff,

V.

Case No. 04-CV-40023

UNITED STATES OF AMERICA,
Defendants.

DECLARATION OF SANDRA L. HOWARD, M.D.

I, SANDRA L. HOWARD, hereby declare and state as follows:

1. I am employed by the United States Department of Justice, Federal Bureau of Prisons as the Clinical Director, at the Federal Medical Center (FMC), Devens, Massachusetts. I have been employed in this position since February 25, 2001. I have been employed with the Federal Bureau of Prisons since January 22, 1995.
2. This declaration is being provided as an update on inmate Barron's medical condition since my declaration dated June 7, 2005 that was provided to the Court regarding the above captioned case.
3. As indicated in my previous declaration, inmate Barron was seen by the Transplant Coordinator at the U Mass Memorial Medical Center on June 6, 2005. On this date, they initiated his tissue typing and they initiated antibody sampling to be performed through dialysis on a monthly basis. Inmate Barron also received pre-transplant education for kidney. This involved the types of donors, evaluation process, listing process, waiting period, transplant process, post operative phase, and long term implications.
4. On June 27, 2005, inmate Barron was evaluated by the Transplant Physician at U Mass Memorial Medical Center. The Transplant Physician performed a history and physical on inmate Barron for the purpose of kidney transplant evaluation. According to his consultation note, his impression and plan were following: "End stage renal failure secondary to membranoproliferative glomerulonephritis. His only contraindication to kidney

transplantation would be chronic active Hepatitis C or cirrhosis, either of which is being currently worked up.” The Transplant Physician noted that inmate Barron has follow up appointments with the GI Clinic and the Renal Transplant Clinic. Once these two consultations are completed, it was noted that he could likely move forward with kidney transplantation, if his donors are suitable. The Physician discussed the risks and benefits of kidney transplantation including the risks of rejection, loss of the transplant due to technical complications, infections, bleeding, the need for lifelong immunosuppression, as well as inherent risks of immunosuppression including certain cancers and opportunistic infections. It was noted that inmate Barron understood this conversation and actually was very well read about kidney transplantation and asked very informed questions. It was noted by the Physician that all of inmate Barron’s questions were answered.

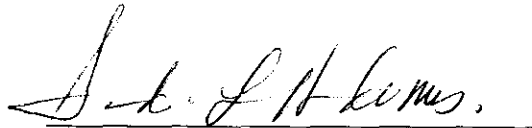
5. On July 15, 2005, inmate Barron underwent an upper endoscopy to evaluate his gastro esophageal reflux disease. It showed a medium sized hiatal hernia but was otherwise normal with no signs of ulcer disease.
6. On July 21, 2005, inmate Barron was seen by the Gastroenterology Liver Transplant Specialist at the U Mass Memorial Medical Center to be evaluated prior to transplant for his Hepatitis C and gastroesophageal reflux disease. He recommended continuation of Prilosec for the gastroesophageal reflux disease. For the Hepatitis C, he reviewed the liver biopsy and recommended PEG-Interferon monotherapy. He recommended this treatment prior to the renal transplant because he stated that “this treatment is contraindicated post-transplant because of the potential for reactivation or exacerbation of Hepatitis C while on immunosuppression.”
7. On August 16, 2005, the U Mass Transplant Coordinator informed us that inmate Barron’s donor (his sister) had appointments arranged at University of Maryland at Baltimore for a donor evaluation.
8. On August 25, 2005, the U Mass Transplant Coordinator provided us with an update of the evaluation of inmate Barron’s donor (his sister) at the University of Maryland at Baltimore.
9. On August 26, 2005, we were also notified by the U Mass Transplant Coordinator that everyone who qualifies for renal transplant is also placed on the cadaver list even if they have a donor. Therefore, inmate Barron has also been placed on a cadaver list for a renal transplant.
10. In accordance with the Federal Bureau of Prisons Clinical Practice Guidelines For The Prevention And Treatment of Viral Hepatitis, February 2003, the medication treatment for Hepatitis C must be approved by Central Office in Washington, D.C. On August 30, 2005, inmate Barron was approved by Central Office in Washington, D.C. to receive

PEG-Interferon treatment as recommended by the Gastroenterology Liver Transplant Specialist.

11. Inmate Barron is scheduled to be seen in the Renal Transplant Clinic in the next few weeks.
12. To date, inmate Barron is continuing with his evaluation for his renal transplant by the transplant team at the U Mass Memorial Medical Center. The Bureau of Prisons will continue to present inmate Barron to all requested and scheduled appointments by the U Mass transplant team so that his transplant evaluation will proceed in a timely manner. In addition, inmate Barron's donor (his sister) is continuing to be evaluated at the University of Maryland at Baltimore. Inmate Barron will begin his Hepatitis C treatment on August 31, 2005 to try to eradicate the infection prior to his renal transplant. Meanwhile, inmate Barron will continue to be followed by the Nephrologist and medical staff and receive hemodialysis three times a week. In addition, he will be followed by the Infectious Disease Consultant as needed.

I declare under penalty of perjury that the foregoing is true and accurate to the best of my knowledge.

Executed this 1st day of September, 2005.



Sandra L. Howard, M.D.
Clinical Director
Federal Medical Center
Devens, Massachusetts